## LOS AISMOS Los Alamos National Laboratory Los Alamos, New Mexico 87545

MEDICAL ILLNESS AND INJURY REPORT Occupational Medicine Group (ESH-2) 667-7890 D421

Date:	
Time In:	

EMPLOYEE INFORMATION				ACCIDENT/INCIDENT HISTORY						
NAME:			Z NO.:	DATE OF ACCIDENT/INCIDENT	TIME	AREA	BLOG	ROOM		
GROUP:	MS	WORK PHONE:	DATE OF BIRTH:	D MALE D FEMALE	DESCRIPTION OF EVENT:					
OCCUPATION:				EMPLOYER:						
HOME ADDRESS:				HOME PHONE:						
SUPERVISOR NAME: PHONE:				WITNESS(ES):						
SUPERVISOR'S MS:					EMPLOYEE SIGNATURE: SUP			PERVISOR SIGNATURE:		
		SUPERVISOR NOTIFIED	O DYES ONO DAT	E						
				ADMISSION	HISTORY DATA				100	
ALLERGIES: LNMP:			PRESENTING HISTORY/COMPLAINT:							
		LAST TO	ETANUS:							
CURRENT MED	DS:	T	BP BP							
		Р	R							
PMO:					Interviewer's Signa			sture:		
				MEDICAL	EVALUATION			100		
TIME: CHIEF COMPLAINT:						1	TESTS/TREATMENTS			
							X-RAY	<i>'</i> :		
SUBJECTIV	/E:	_		,			LAB:	LAB:		
Employee/worker w					will see a		ECG:	ECG:		
objective: information on 1							OTHER:			
OBJECTIVE	i.		IOIIII	ition on	ionii i-ia					
							MEDS	:		
ASSESSMENT:				ICD - 9						
				16						
PLAN:										
						RECHECK				
						Date:				
						Time:		SEE EXT. CAR	RE SHEET	